

ANALYSIS REPORT

Report Date: 08/24/2009



ATTN: Scott Lewis Cedar Hills Subdivision 101 North Main Street Beaver Dam, KY 42320 Sample ID: 3772

Sample Date: 08/18/2009

Effluent

Analysis Date	Method	Analyst	Test	Results
08/22/2009 @ 10:30	SM 5520B	DM	Total Oil & Grease	<5 mg/L

Submitted By: Chapter P/11

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

Composition	Concentration (mg/l
	9

XII. EFFLUENT CHARACTERIST		alres in the table	e provided.
A. Indicate results of analysis for pe			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
V BOD₅	2	à	1 (month
✓ POTAL SUSPENDED SOLIDS	4	Н	1/month
FECAL COLIFORM		1	1/month
TOTAL RESIDUAL CHLORINE	0.00	0,00	1/month
OIL AND GREASE parmit		45 mg/L	1/month
CHEMICAL OXYGEN DEMAND	7.4	7.4	
TOTAL ORGANIC CARBON			
AMMONIA	. 79	. 79	1/month
DISCHARGE FLOW	.0196	.0196	daily
PH	7.59	7.59	1/month
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)	18.1°C		

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B. Frequency and duration of flow:	All	vear	7	daye	۵.	wer K	
		7		- viny -		10.001	

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITL	E (type or print):	TELEPHONE NUMBER (area code and number):
Scott Lewis	President	270 - 274 -0441
SIGNATURE		DATE
Scott Lews	DEGETAT	06/24/09

OCT 12 2009

ADDRESS C/G MOSS MCGRAN ENVIRONMENTAL

LOCATION PROTEBUT KY

TORES AN

FACILITY

DISCHARGE NUMBER

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Form Approved OMB No. 2040-0004

ANTIAKY WASTEWATER

NOTE: Read Instructions before completing this form.

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	07		RING	L.
	0.5	YEAR	IONITORING PERIOD	DIS
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NOTE: Read in:	***	F-1-1-02	SANETS	F - F2

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TELEPHONE				nents were a system designed	s document and all attach rvision in accordance with	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed	1	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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EPA Form 3320-1 (Rev. 3/99) Previous editions may be used

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FROM

YEAR MO DAY

5

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMIT NUMBER MONITORING PERIOD

DISCHARGE NUMBER

YEAR MO DAY

SANITARY WASTEWATER F - FINAL EFFL UENT

NOTE: Read Instructions before completing this form.

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